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**CCC-633 GRAZING**

(04-02-01)

**USDA****CCC****ITEMS 1 THROUGH 5 ARE COMPLETED BY THE FSA OFFICE**

1. PROGRAM YEAR <b>2001</b>	2A. FSN NO.	2B. APPLICATION NO.
3. FSA COUNTY OFFICE NAME & ADDRESS (Including ZIP Code)		
4. STATE CODE		5. COUNTY CODE

**NOTE: Complete a separate application for each commodity.****GRAZING PAYMENT PROGRAM  
APPLICATION****See Reverse Side for Privacy Act.****NOTE: The authority for collecting the following information is Pub. L. 106-224. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995.****PART A - ELIGIBILITY (ITEMS 6 THROUGH 15B ARE FILLED OUT BY THE PRODUCER)**

6. CONTACT PRODUCER'S NAME AND ADDRESS		7. TYPE OF COMMODITY (Please check type of crop below)	
		<input type="checkbox"/> Wheat <input type="checkbox"/> Barley <input type="checkbox"/> Oats	
TELEPHONE NUMBER: (       ) -		8. CLASS (For Wheat Only)	
Check "YES" or "NO" in the applicable box in Items 9 through 13B:			
9. Do you agree to forgo any mechanical harvest on this acreage?			YES    NO
10. Do you understand that the grazed acres requested for payment must equal the actual grazed acres?			
11. Do you understand that if you are out of compliance, you may be ineligible for payment?			
12. Do you understand that payments will be made after you have certified all your crop acreage?			
13A. Did you request a GRAZE-OUT payment on acres covered by FCIC?			
13B. Have you made or will you request an indemnity payment on the GRAZE-OUT acres?			
14. GRAZING PERIOD (Actual or Estimate)		15. REQUESTED GRAZED ACRES	
		A. Requested Acres	B. Tract/Field Location

**PART B - PAYMENT INFORMATION AND CALCULATION (ITEMS 16 THROUGH 22 ARE FILLED OUT BY FSA OFFICE)**

16. Total Actual Grazed Acres	17. Yield (EY-ACY)	18. Total Quantity (Item 16 times Item 17)	19. County Where Acres Grazed	20. Request Date	21. Payment Rate	22. Payment Amount (Item 18 times Item 21)
				- -	\$	\$

**PART C - PRODUCER'S CERTIFICATION**

I certify that all information entered on this application is true and correct and all persons involved in the share of grazing acres for livestock in lieu of any harvest have included their share of acres grazed for livestock from the farm. I further certify that the acres requested for this payment are not insured for grain. I understand that by completing this application I agree to forgo any other type of harvest on acreage planted to 2001 crop wheat, barley, or oats for the purpose of grazing livestock only. I further understand that: (1) this payment is in lieu of a loan deficiency payment; (2) all eligibility requirements must be met under the marketing assistance loan program before payment can be made except for beneficial interest, which must be maintained through the grazing period; (3) this payment will be ineligible if I have received or requested a FCIC Indemnity payment on the same acreage for grain; and (4) to ensure that all program eligibility requirements are met for this payment, my application may be selected for spot check. If my application is selected for spot check, I may be required to provide supporting documentation to determine payment eligibility. Providing a false certification to the government is punishable by imprisonment, fines, and other penalties. All information provided herein is subject to verification by the Farm Service Agency. The provision of criminal and civil fraud statutes that apply to this certification, includes 18 USC 286, 297, 371, 641, 651, 1001, and 1014; USC 714m; and 31 USC 3729.

23A. SIGNATURE OF PRODUCER	23B. PRODUCER'S IDENTIFICATION NUMBER	23C. DATE	23D. SHARE
		- -	%
		- -	%
		- -	%

**FOR FSA OFFICE USE ONLY**

24A. SIGNATURE OF FSA APPROVING OFFICIAL	24C. ACTION
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
24B. TITLE	24D. DATE
	- -

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Pub. L. 106-224. The information will be used to determine eligibility in accordance with the requirements of the regulation for applicants who are requesting Grazing Payments in Lieu of Loan Deficiency Payment Program benefits. Furnishing the requested information is voluntary, however, failure to furnish the requested information will result in a determination of ineligibility for Grazing in Lieu of Loan Deficiency Payment Program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes that apply to this certification, includes 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.*

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